



## Ohio Veteran-Directed Services Program Employer Packet (keep this folder for your records)

**Congratulations** on self-directing your support. This Veteran Directed Option is made available through the **Ohio Veteran Directed Home and Community Based Services** program. Acumen Fiscal Agent, LLC (Acumen) will be providing the payment services for this program. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995, and we look forward to working with you.

### Becoming an Employer

Inside this folder you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal/Employer Agent (F/EA). This appointment is only in regards to this Veteran-Directed program.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of this packet. Please check and note the date you mailed or faxed to Acumen.

\*If you currently have or have had an Employer Identification Number (EIN), do not complete any further employer enrollment forms. Please call Acumen at the phone number listed below.

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Acumen Authorization Form   | Date Sent _____ |
| <input type="checkbox"/> Employer Appointment of Agent - IRS Form 2678   | Date Sent _____ |
| <input type="checkbox"/> Tax Information Authorization – IRS Form 8821   | Date Sent _____ |
| <input type="checkbox"/> Employer Representative Authorization – JFS 20106   | Date Sent _____ |
| <input type="checkbox"/> Application for Employer Identification Number – IRS Form SS-4<br>Fill out numbers 1, 5a, 5b, 6, 7a, 7b, and sign | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form   | Date Sent _____ |
| <input type="checkbox"/> Withholding Tax Payroll Service Company Authorization<br>And Release – Form WT 8655                               | Date Sent _____ |
| <input type="checkbox"/> Assignment of Authorized Representative (optional)  | Date Sent _____ |

Your Care Manager will notify Acumen of the services and dollars that have been approved in your Spending Plan.

### Email, Fax or Mail Information to Acumen

Acumen Fiscal Agent, LLC.  
5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
[enrollment@acumen2.net](mailto:enrollment@acumen2.net)  
Fax: (866) 862-6862

Employment law is complicated. It is considered a specialty area in the legal profession. The purpose of this overview is to briefly review some requirements in a general way. **This overview should in no way be considered a substitute for competent legal counsel.**

### **When You Hire an Employee:**

1. It is important to not discriminate against an applicant because of their age, race, color, religion, sex, national origin, or disability.
2. You must hire people who are authorized to work in the United States – citizens and legal aliens with proper documentation. You are required to complete a Form I-9 to verify their authorization to work. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and resubmit the form to Acumen within three days of the actual date of hire.
3. Avoid the temptation to classify your workers as independent contractors, as they probably are not. If you are not sure if someone providing a service for you is an employee or an independent contractor, go to the IRS website at [www.irs.gov](http://www.irs.gov) and fill out an SS-8 Form. Just type in SS8 in the search box. This form will help you to determine which classification to use.

### **After You Hire an Employee:**

1. The work environment must be “free from recognized hazards that are causing or are likely to cause death or serious physical harm.”
2. Your employees should not be subjected to circumstances that would create a “hostile work environment.” Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of their age, race, color, religion, sex, national origin, or disability.

### **If You Need to Terminate Employment:**

If your state is an “at will” state, it means both you and your employee have the right to terminate employment with or without cause; but it is important that you treat people professionally and fairly. You cannot terminate or lay off an employee because of their age, race, color, religion, sex, national origin, or disability. Remember, you must notify Acumen whenever you terminate an employee or when an employee stops working for you.

### **More Information:**

- For free federal information you can access the Federal Department of Labor: [www.dol.gov](http://www.dol.gov). They issue a *Small Business Handbook*, which is helpful. It can be viewed and downloaded for free.
- For free state information you can access the Ohio Commerce Division of Labor and Worker Safety: <http://www.com.ohio.gov/laws/>.
- Recommended Reading: *The Employer's Legal Handbook*, published by Nolo. This book can be purchased online at [www.nolo.com](http://www.nolo.com) or from area bookstores.

### **Workers' Compensation**

This program requires that the employer have Workers' Compensation. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance with an “A” rated company. There are no additional forms you need to fill out.



Remember, you can do your part to prevent injury and keep the cost of this Workers' Compensation insurance down by providing a safe, hazard free workplace, and by training your employees on how best to support you.

Please report all work-related injuries to Acumen within 24 hours. For more information or to report an injury, please call (866) 472-2297.

## **Fraud**

Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided, in order to obtain improper payment. The Fraud Unit investigates and prosecutes people who commit fraud. Fraud is a felony, and conviction can lead to substantial penalties.

Examples of Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

To view Acumen's False Claims Policy go to [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on the "Resources" tab then locate our "False Claim Policy."

## **Reports**

We will provide you with a report each month. It is important to read the report and to call us with any questions that you may have. The report summarizes your employee's time, any vendor payments, your beginning allocation, and declining balance, so you are aware of the remaining amount after each payment. This report is emailed to you for your convenience if we have your email address on file!

Or, you can access various reports at any time through the use of your DCI Web Portal account. Your DCI Web Portal account will be assigned to you after your enrollment paperwork is complete!

Remember, only services that are approved in your Spending Plan will be paid through this program. As an employer, if you cause work to be performed over and above what you have been approved for, you are responsible for paying for those services.

## **Background Checks**

All employees are required to successfully pass a Criminal History Background Check **prior** to working in this program. Your Care Manager will let Acumen know whether or not your employee is cleared for hire.

## **Reminder:**

Having Acumen as your Fiscal Employer Agent does nothing to the employer-employee relationship. Acumen is **not** the employer.

There are three major players, each with a distinct role, within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to determine who does what.

<b>Care Manager</b>	<b>Employer (Veteran or Authorized Representative)</b>	<b>Acumen Fiscal Agent</b>
<ul style="list-style-type: none"> <li>• Conducts assessments to establish needs</li> <li>• Assesses appropriateness for self-direct services</li> <li>• Explains services available to an eligible person</li> <li>• Develops Individual Spending Plan</li> <li>• Monitors and follows up on services received by the individual</li> <li>• Assists person in services as needed</li> <li>• Receives, reviews and submits all vendor payment requests</li> <li>• Reviews employee background clearances and determines eligibility for hire</li> </ul>	<ul style="list-style-type: none"> <li>• Completes all necessary forms for enrollment</li> <li>• Hires and fires employees</li> <li>• Requests criminal background checks through Care Manager</li> <li>• Schedules and sets wages for employees</li> <li>• Trains employees to provide approved services</li> <li>• Provides a safe work environment</li> <li>• Ensures that all time entered through the DCI system is accurate and/or timesheets are complete, accurate and signed by both the employee and the employer</li> <li>• Sends timesheets to Acumen or ensures time submission is complete through the DCI Web Portal</li> <li>• Keeps important records on each employee and keeps them confidential</li> <li>• Reviews account statements from Acumen Fiscal Agent and ensures they are accurate and complete</li> <li>• Manages the spending plan</li> <li>• Follows all relevant laws and rules on employment</li> </ul>	<ul style="list-style-type: none"> <li>• Sets up veteran and employer in the payroll system</li> <li>• Processes all employee paperwork</li> <li>• Sets up all employees in the payroll system</li> <li>• Processes time entry submissions, vendor requests, and reimbursements in accordance with the approved Spending Plan</li> <li>• Withholds and pays all required taxes</li> <li>• Arranges for Workers' Compensation and other benefits</li> <li>• Provides reports to the employer and AAA7</li> <li>• Answers questions about enrollment and payroll processes</li> <li>• Ensures compliance with other program rules</li> </ul>





# Authorization Form

Complete each item and fax (866) 862-6862 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (866) 862-6861 if you have any questions.

I hereby authorize Acumen Fiscal Agent (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. **Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Ohio unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Ohio's Unemployment Compensation Law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Ohio Department of Taxation and/or Ohio Department of Job and Family Services.

## What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Ohio Department of Taxation and the Ohio Department of Job and Family Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded through the State of Ohio, Area Agency on Aging District 7.

### Employer

The person who hires, fires, trains and manages staff.

Name	
Social Security #	
Physical Address (if different)	
Physical Address City/State/Zip	
Mailing Address (if different)	
Mailing Address City/State/Zip	
Phone Number	
Email Address (optional)	
<b>Care Manager</b>	
Name	
Phone Number	
Email Address	

### Veteran

The individual receiving services.

Name	
Date of Birth	
Social Security #	
Physical Address	
Physical Address City/State/Zip	
Mailing Address (if different)	
Mailing Address City/State/Zip	
Phone Number	
E-mail Address (optional)	

*Your signature means that you have read and understand the above information.*

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

**Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.**

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**For IRS use:****Part 1: Why you are filing this form...**

(Check one)

- ☒ You want to **appoint** an agent for tax reporting, depositing, and paying.
- ☐ You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.****1 Employer identification number (EIN)**

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**2 Employer's or payer's name**  
(not your trade name)

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**3 Trade name** (if any)

N/A

**4 Address**

You must list a physical address. A P.O. Box will not be accepted.

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Number Street Suite or room number

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City State ZIP code

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Foreign country name Foreign province/county Foreign postal code

**5 Forms for which you want to appoint an agent or revoke the agent's appointment to file.** (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
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Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)\*



Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)



Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)



Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)



Form 945 (Annual Return of Withheld Federal Income Tax)



Form CT-1 (Employer's Annual Railroad Retirement Tax Return)



Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)



\*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- ☒ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**Sign your name here**

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Print your name here

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Print your title here

Household Employer

Best daytime phone

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Date

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**Now give this form to the agent to complete.**

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
► Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165  
**For IRS Use Only**  
Received by: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_\_

Please fill in your name and address here.

Please fill in your phone number here.

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.  
Taxpayer name and address \_\_\_\_\_  
Taxpayer identification number(s) \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ Plan number (if applicable) \_\_\_\_\_

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☐  
Name and address \_\_\_\_\_ CAF No. \_\_\_\_\_ 0314-67769R  
ROB BISKUPIC-KNIGHT PTIN \_\_\_\_\_  
5416 E BASELINE RD STE 200 Telephone No. \_\_\_\_\_ 623-792-6100  
MESA, AZ 85206-4704 Fax No. \_\_\_\_\_ 480-371-2241  
**Check if to be sent copies of notices and communications** ☒ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐  
Name and address \_\_\_\_\_ CAF No. \_\_\_\_\_ 0314-89965R  
SUNNY HUDSON PTIN \_\_\_\_\_  
5416 E BASELINE RD STE 200 Telephone No. \_\_\_\_\_ 623-792-6100  
MESA, AZ 85206-4704 Fax No. \_\_\_\_\_ 480-371-2241  
**Check if to be sent copies of notices and communications** ☒ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.  
☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAXES	941 AND 940	Q1 2023 THRU Q4 2025	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2023 THRU 2025	NOT APPLICABLE
INCOME TAXES	1099	2023 THRU 2025	NOT APPLICABLE

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ☐

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ☐  
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Please sign your name here.

Signature

Enter date here.

Date

Print your name here.

Print Name

HCSR EMPLOYER

Title (if applicable)

# OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. Box 182404  
Columbus, Ohio 43218-2404  
(614) 466-2319  
<http://unemployment.ohio.gov>



FOR 0006A

## AGENT AUTHORIZATION FORM

To immediately authorize an agent (third party administrator, accountant, payroll company, etc) to act on your behalf regarding your account, please visit <http://unemployment.ohio.gov>. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print, using block capital letters in black ink. For example:

A B C D E F G H

### Section I - Employer and Representative Information

Employer Legal Name


Employer ID

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Plant Number (If none, please leave blank.)

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Employer Phone Number

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Agent Name

A	C	U	M	E	N		F	I	S	C	A	L		A	G	E	N	T		L	L	C
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Agent ID

6	0	0	0	0	0	5	8	2	0
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Agent Phone Number

6	2	3	-	7	9	2	-	6	1	0	0
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Agent Address Line 1 - Enter street address or P.O. box information here (for example, 123 Main St., P.O. Box 123.)

5	4	1	6		E		B	A	S	E	L	I	N	E		R	D
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Agent Address Line 2 - Enter secondary address information here (for example, STE 123, APT A, 1st FL. If none, please leave blank.)

S	T	E		2	0	0
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City

M	E	S	A
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State

ZIP

Country

A	Z		8	5	2	0	6	-	4	7	0	4		U	N	I	T	E	D		S	T	A	T	E	S
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Province - International addresses only

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Postal Delivery Code - International addresses only

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## Section II - Assign Roles and Responsibilities

To give a new agent access to your account, check the role(s) you want the agent to have and enter the "Access Begin Date" (must be the beginning of a quarter for "Wage Submission") and "Access End Date" (optional) for the selected roles.

For all roles except "Wage Submission," once an end date is entered, the agent will no longer have access to those roles after the "Access End Date" provided. If no end date is entered, the access will continue indefinitely.

For "Wage Submission," the dates of access will allow the agent to update your wage records for all quarters within the access dates, regardless of the current date. For example, if you give an agent access for the first quarter of the year, the agent will be able to access the wage records for that quarter at any time. If you wish to completely remove access for the agent, which would prevent them from accessing quarters they were previously authorized for, select the "Remove Access" box for the agent.

You cannot grant two agents access to the same role during the same time period. If you want to change agents, you must remove the role from the existing agent by entering an "Access End Date."

1a. To what role does the authorization or dissolution selected in Section II apply?  
(Please check all that apply.)

- ☒ Wage Submission
- ☒ Payment Submission
- ☒ Account Maintenance Updates
- ☒ Appeals
- ☒ Tax Rates

1b. For the roles selected in question 1a, provide "Access Begin Date" and "Access End Date" (Optional)

Access Begin Date

 /  / 

Access End Date

 /  / 

☐ Remove Access

## Section III - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative indicated in Section III, including, but not limited to:

1. Notification required by Section 4141.26;
2. Injury caused by untimely appeal.

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature

**NOTE:** Must be owner, partner, member, or corporate officer

Title:

DOMESTIC EMPLOYER

Date:

 /  /

P.O. Box 182404  
Columbus, Ohio 43218-2404  
(614) 466-2319  
<http://unemployment.ohio.gov>



To immediately notify this agency that you have given power of attorney to another individual to receive confidential information concerning your unemployment tax account, please visit our website at <http://unemployment.ohio.gov> anytime of the day or night. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please neatly print using block capital letters in black ink. For example: \_\_\_\_\_

A	B	C	D	E	F	G	H	I
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## Employer Name

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[illegible]

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[illegible]

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**T**

## Section II - Power of Attorney

1.a The Power of Attorney is effective beginning:

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1.b The Power of Attorney remains in effect until:

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2. If there is a specific action that you wish to request, please indicate the specific action below:

### Section III - Service Function

To what service function(s) does the power of attorney apply? (Please check all that apply)

- ☒ Tax Manage Account Demographics
- ☒ Tax Manage Account Status
- ☒ Tax Reporting and Payments
- ☒ Tax Monetary Transactions
- ☒ Tax Appeals and Waivers
- ☒ Tax Audits

## Section IV - Signature

I hereby acknowledge that by signing this document that I relieve the Ohio Department of Job and Family Services from any liability arising from the release of confidential information to the individual indicated above in Section I during the period of time specified in Section II.

Employer Signature

**NOTE:** Must be owner, partner, member or corporate officer

Date:

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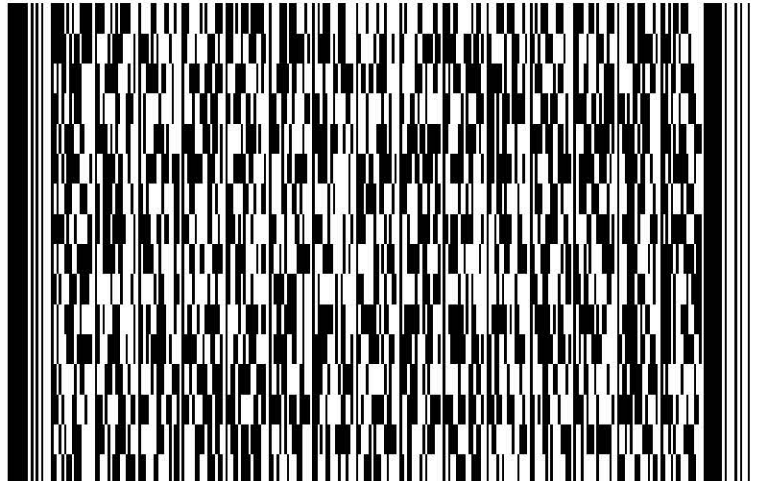
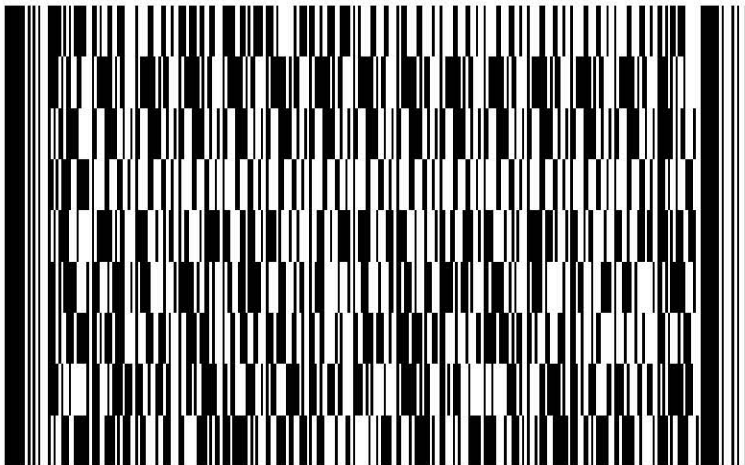
--	--

 / 

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Title:

D	o	m	e	s	t	i	c	E	m	p	l	o	y	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---



**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)  
▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Employer's  
Name Here

Type or print clearly.  
Employer's  
County &  
State Here  
Employer's  
Name Here

**1** Legal name of entity (or individual) for whom the EIN is being requested

**2** Trade name of business (if different from name on line 1)

**3** Executor, administrator, trustee, "care of" name

Employer's  
Street  
Address  
Here

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)  
**5416 E BASELINE RD STE 200**

**5a** Street address (if different) (Don't enter a P.O. box.)

**4b** City, state, and ZIP code (if foreign, see instructions)  
**MESA, AZ 85206-4704**

**5b** City, state, and ZIP code (if foreign, see instructions)

Employer's  
City, St,  
Zip Here

**6** County and state where principal business is located

**7a** Name of responsible party

**7b** SSN, ITIN, or EIN

Employer's  
SSN Here

**8a** Is this application for a limited liability company (LLC)  
(or a foreign equivalent)? ☐ Yes ☒ No

**8b** If 8a is "Yes," enter the number of  
LLC members ▶

**8c** If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

**9a** **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN) \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Corporation (enter form number to be filed) ▶ \_\_\_\_\_  
☐ Personal service corporation \_\_\_\_\_  
☐ Church or church-controlled organization \_\_\_\_\_  
☐ Other nonprofit organization (specify) ▶ \_\_\_\_\_  
☒ Other (specify) ▶ **HCSR EMPLOYER**

- ☐ Estate (SSN of decedent) \_\_\_\_\_  
☐ Plan administrator (TIN) \_\_\_\_\_  
☐ Trust (TIN of grantor) \_\_\_\_\_  
☐ Military/National Guard ☐ State/local government  
☐ Farmers' cooperative ☐ Federal government  
☐ REMIC ☐ Indian tribal governments/enterprises  
Group Exemption Number (GEN) if any ▶

**9b** If a corporation, name the state or foreign country (if  
applicable) where incorporated

State

Foreign country

**10** **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶ \_\_\_\_\_  
☐ Hired employees (Check the box and see line 13.)  
☐ Compliance with IRS withholding regulations  
☒ Other (specify) ▶ **HCSR EMPLOYER**

- ☐ Banking purpose (specify purpose) ▶ \_\_\_\_\_  
☐ Changed type of organization (specify new type) ▶ \_\_\_\_\_  
☐ Purchased going business  
☐ Created a trust (specify type) ▶ \_\_\_\_\_  
☐ Created a pension plan (specify type) ▶ \_\_\_\_\_

**11** Date business started or acquired (month, day, year). See instructions.

**12** Closing month of accounting year **DECEMBER**

**13** Highest number of employees expected in the next 12 months (enter -0- if  
none). If no employees expected, skip line 14.

Agricultural

Household

Other

0

**14** If you expect your employment tax liability to be \$1,000 or  
less in a full calendar year **and** want to file Form 944  
annually instead of Forms 941 quarterly, check here.  
(Your employment tax liability generally will be \$1,000  
or less if you expect to pay \$5,000 or less in total wages.)  
If you don't check this box, you must file Form 941 for  
every quarter. ☐

**15** First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to  
nonresident alien (month, day, year) ▶

**16** Check **one** box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing  
☐ Real estate ☐ Manufacturing ☐ Finance & insurance

- ☐ Health care & social assistance ☐ Wholesale-agent/broker  
☐ Accommodation & food service ☐ Wholesale-other ☐ Retail  
☒ Other (specify) ▶ **HCSR EMPLOYER**

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

**HCSR EMPLOYER**

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No

If "Yes," write previous EIN here ▶

**Third  
Party  
Designee**

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

**Designee's name**  
**JARED ENDERS, SUNNY HUDSON**

**Designee's telephone number** (include area code)  
**(623) 792-6100**

**Address and ZIP code**  
**5416 E BASELINE RD STE 200, MESA, AZ 85206-4704**

**Designee's fax number** (include area code)  
**(480) 371-2241**

Telephone  
number  
required

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

**HCSR EMPLOYER**

Signature ▶

Date ▶

**Applicant's telephone number** (include area code)

**Applicant's fax number** (include area code)



## Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	complete lines 1-18 (as applicable).
purchased a going business <sup>3</sup>	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust <sup>4</sup>	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator <sup>5</sup>	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

<sup>2</sup> However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



## OHIO AAA7 VETERANS PROGRAM Employer Agreement Form

The veteran or representative elects and accepts the responsibility for self-directing or managing those supports and services as outlined in the Spending Plan. The veteran or representative is therefore recognized as the "Employer."

### **As the Employer, you are responsible to:**

1. Enroll with Acumen and complete all state, federal and program-required paperwork found in the Acumen start-up packet.
2. Recruit, interview, hire and train employees and vendors.
3. Only allow services to be provided that are in compliance with the approved spending plan and within any remaining monthly allocation balances.
4. Hire only qualified employees and/or vendors to provide approved services.
5. Review, approve and sign timesheets and vendor requests to ensure accuracy.
6. Only allow employee(s) to begin performing work after your care manager has notified you that employee(s) is clear for hire.
7. Develop a back up plan should the primary employee not be available to provide care.
8. Notify your care manager immediately of significant changes in circumstances that may affect the Spending Plan and/or the safety of the veteran.
9. Report all employee workplace injuries immediately to Acumen at #1-866-472-2297.

### **General Understanding:**

1. Payments will be directly issued to the employee or vendor of services provided in accordance to the funding limits for approved services in the Spending Plan. All required supporting documentation (timesheets, receipts, invoices, etc.) must accompany all requests for payment.
2. Employees can not work more then 40 hrs in a work week.
3. A work week is from Sunday to Saturday.
4. All employees must clear a criminal history background check prior to working.

Veteran Name: \_\_\_\_\_

Employer Name (if different than Veteran): \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Ohio AAA7 Veteran- Directed Services Authorized Representative Form - Optional

Name of Veteran:	
------------------	--

I, \_\_\_\_\_ hereby assign the person stated below as my Authorized Representative.  
(name of Veteran or Legal Guardian)

Veteran/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Representative Information:

Name:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Email Address:	
Relationship to Veteran:	

An Authorized Representative may be your legal guardian, a family member or any other individual identified and approved by your care manager, who will willingly accept responsibility for performing management tasks in the Veteran Directed Program

### An Authorized Representative must:

- Must work with the Care Manager to develop a plan of care
- Be willing to sign tax forms and verify timesheets on your behalf as well as cooperate with the fiscal intermediary or payroll agent
- Be 18 years of age or older
- Must be approved by you, the veteran, and/or consensus from other family members to serve in this role
- Be willing to meet and uphold all of the Veteran Directed Program requirements
- Must sign a designation for authorized representative form
- Must be willing to complete a criminal background if requested
- Must be knowledgeable about your preferences and have ongoing contact with you
- Complete the Veteran Directed Program training

### An Authorized Representative may:

- Review, submit, and approve employee time to ensure accuracy.
- Review, submit, and approve request for vendor time to ensure accuracy, if applicable.
- Obtain confidential information from Acumen Fiscal Agent regarding their person served; including, the authorization, payroll, etc.
- If applicable, perform employer related duties, such as but not limited to: assist in hiring and terminating employees, managing employees, completing forms, and managing the monthly authorization

### An Authorized Representative Cannot:

- Cannot be paid for this service
- Cannot have a history of abuse to drugs or alcohol
- Cannot have any history of physical, mental, or financial abuse

By signing below, I confirm that I have read this “Authorized Representative Form”. I also confirm by signing below that I understand what is being required of me and agree to follow its terms and conditions. I am willing to volunteer to serve as the Authorized Representative without payment for the named veteran above.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

### 1. Taxpayer Information. Taxpayer must sign and date this form on line 6.

Taxpayer name	Employer identification number (EIN)
Address	Social Security number
City, state and ZIP code	Daytime telephone number

### 2. Reporting Agent Information

Name Acumen Fiscal Agent, LLC.	Employer identification number (EIN)
Address 5416 E Baseline Rd., Suite 200	Telephone number 623-792-6100
City, state and ZIP code Mesa, AZ 85206	Fax number 480-371-2241

### 3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of \_\_\_\_/\_\_\_\_ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

### 4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

**You MUST attach a copy of any tax information authorization that you want to remain in effect.**

### 5. Acknowledgement of Responsibility

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made.

### 6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

**If this withholding tax information authorization and release is not signed, it will be returned.**

Print name	Signature
Domestic Employer	
Title	Date

# Power of Attorney and Declaration of Representative

► Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date        /        /

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address		Taxpayer identification number(s)	
		Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>(Note: IRS sends notices and communications to only two representatives.)</b>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>(Note: IRS sends notices and communications to only two representatives.)</b>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions . . . . . ☐

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider;  
☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; \_\_\_\_\_

☐ Other acts authorized: \_\_\_\_\_

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here ☐ **►**

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

**► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature

Date

Title (if applicable)

Print name

Print name of taxpayer from line 1 if other than individual

## Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
  - d** Officer—a bona fide officer of the taxpayer organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h** Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k** Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
  - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

## CHANGE INFORMATION FORM: VETERAN or EMPLOYER



Please complete this form and return to Acumen by one of the following methods:

**Mail:** 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

**Fax:** (866) 862-6862

**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

### Change VETERAN Information

Complete this section when there is a change in veteran information. The veteran is the individual receiving services. If the veteran is also the employer, please complete this section **only**. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	
Veteran ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

### Change EMPLOYER Information

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the veteran is also the employer, please complete the veteran section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address (if changed):	
City/State/Zip (if changed):	
Phone Number (if changed):	
E-mail Address:	
Client ID Number:	
Signature (Employer or Authorized Rep):	
Date:	



## OHIO AAA7 VETERAN-DIRECTED SERVICES VETERAN STATUS CHANGE NOTICE

Complete this section when terminating services with Acumen.		
VETERAN NAME:		
TERMINATION DATE:	CHECK ONE	
	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY <input type="checkbox"/>
REASON FOR TERMINATION:		
<p>Acumen is committed to the quality of our fiscal intermediary services. Upon notice of this termination, we would like to conduct a brief phone survey with you about your experience with Acumen.</p> <p><b>May we contact you in the interest of gathering your valuable feedback?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> I am not the employer or participant</p>		
NAME AND TITLE OF PERSON AUTHORIZING TERMINATION:		PHONE:
CARE MANAGER SIGNATURE:		DATE:
Complete this section when suspending or reinstating services with Acumen.		
VETERAN NAME:		
SUSPENSION OR REINSTATMENT DATE:	CHECK ONE	
	SUSPENSION <input type="checkbox"/>	REINSTATMENT <input type="checkbox"/>
SPECIAL INSTRUCTIONS FOR ACUMEN REGARDING SUSPENSION OR REINSTATMENT:		
NAME AND TITLE OF PERSON AUTHORIZING SUSPENSION/REINSTATMENT:		PHONE:
CARE MANAGER SIGNATURE:		DATE:

**PLEASE EMAIL, FAX OR MAIL COMPLETED AND SIGNED FORM TO:**

Acumen Fiscal Agent, LLC.  
5416 E Baseline Rd., Suite 200  
Mesa, AZ 85206  
**enrollment@acumen2.net**  
**Fax: (866) 862-6862**  
**Phone: (866) 862-6861**





## **Worker's Compensation Claim Reporting Guidelines for Employees**

If there has been a workplace injury or accident, please take the following action:

- If the injury or accident is of a serious nature, seek medical attention immediately.
- Employees must report the injury immediately to their employer.
- Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
- To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
- Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

- Time & place the incident occurred as well as how it occurred.
- Explain in as much detail as possible what happened to cause the injury.
- Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.

Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.



# PLEASE KEEP THIS PAGE FOR ACUMEN TAX DEPARTMENT CONTACT INFORMATION

If you get contacted by or receive a letter from:

- Ohio Department of Job and Family Services (OH JFS)
- Ohio Department of Taxation (OH DOT)
- Internal Revenue Service (IRS)
- Department of the Treasury
- Any Ohio local municipality

Contact Acumen Fiscal Agent LLC right away:

Email:

Tax-OH@Acumen2.net

Fax:

480-371-2241 ATTN: Ohio Tax Department

Mail:

Acumen Fiscal Agent LLC

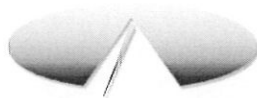
Attn: Ohio Tax Department

5416 E Baseline Rd STE 200

Mesa, AZ 85206

Phone:

866-862-6861



## Authorization Form

Complete each item and fax (866) 862-6862 or mail 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206 to Acumen. Please call (866) 862-6861 if you have any questions.

**I hereby authorize Acumen Fiscal Agent (Acumen) to:**

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. **Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Ohio unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Ohio's Unemployment Compensation Law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Ohio Department of Taxation and/or Ohio Department of Job and Family Services.

**What am I really authorizing?**

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 2, 23, 24, and/or 5 of Subchapter of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Ohio Department of Taxation and the Ohio Department of Job and Family Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded through the State of Ohio, Area Agency on Aging District 7.

### **Employer**

The person who hires, fires, trains and manages staff.

Name:	Ima Employer
Social Security Number:	333-10-1000
Street Address:	1000 Washington Rd.
City/State/Zip:	Montgomery, OH 45242
Mailing Address (if different):	
City/State/Zip (if different):	
County of Residence:	Hamilton
Phone Number:	513-000-1111
E-mail Address:	employer@mail.com

### **Veteran**

The individual receiving services.

Name:	Ima Veteran
Date of Birth:	01/01/1960
Physical Address (if different):	
City/State/Zip (if different):	

### **Care Manager**

Name:	Ima Manager
E-mail Address:	manager@state.us
Phone Number:	513-222-1111

Your signature means that you have read and understand the above information.

Signature:	
------------	--

Date:	06/30/2014
-------	------------

Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**For IRS use:****Part 1: Why you are filing this form...**

(Check one)

- ☒ You want to **appoint** an agent for tax reporting, depositing, and paying.  
☐ You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.**1 Employer identification number (EIN)  - 2 Employer's or payer's name  
(not your trade name)

Ima Employer

3 Trade name (if any)

N/A

4 Address

You must list a physical address. A P.O. Box will not be accepted.

123 Any Street

Number

Street

Suite or room number

Anytown

OH  
State12435  
ZIP code

Foreign country name

Foreign province/county

Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

For ALL  
employees/  
payees/paymentsFor SOME  
employees/  
payees/payments

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)\*



Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)



Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)



Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)



Form 945 (Annual Return of Withheld Federal Income Tax)



Form CT-1 (Employer's Annual Railroad Retirement Tax Return)



Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)



\*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- ☒ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Ima Employer

Print your name here

Ima Employer

Print your title here

Household Employer

Date

1/1/2015

Best daytime phone

(123) 456-7890

Now give this form to the agent to complete.

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
► Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

Please fill in your name and address here.

Please fill in your phone number here.

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address Elaine E Employer 34 E Employer Lane City, State 12345	You must list a physical address. A PO box will not be accepted.	Taxpayer identification number(s) Daytime telephone number 555-444-3333	Plan number (if applicable)
---	--	---	-----------------------------

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☐

Name and address ROB BISKUPIC-KNIGHT 5416 E BASELINE RD STE 200 MESA, AZ 85206-4704 <b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	CAF No. 0314-67769R PTIN Telephone No. 623-792-6100 Fax No. 480-371-2241 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address SUNNY HUDSON 5416 E BASELINE RD STE 200 MESA, AZ 85206-4704 <b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	CAF No. 0314-89965R PTIN Telephone No. 623-792-6100 Fax No. 480-371-2241 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an intermediate Service provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 700, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAXES	941 AND 940	Q1 2023 THRU Q4 2025	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2023 THRU 2025	NOT APPLICABLE
INCOME TAXES	1099	2023 THRU 2025	NOT APPLICABLE

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ☐

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ☐  
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Please sign your name here. <i>Elaine E. Employer</i> Signature	04/12/2023 Date	Enter date here.
Print your name here. Elaine E. Employer Print Name	HCSR EMPLOYER Title (if applicable)	



**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)  
▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Employer's  
Name Here

Employer's  
County &  
State Here

Employer's  
Name Here

Type or print clearly.

Employer's  
Street  
Address  
Here

Employer's  
City, St,  
Zip Here

Employer's  
SSN Here

1 Legal name of entity (or individual) for whom the EIN is being requested <b>Elaine E Employer</b>							
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name						
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>5416 E BASELINE RD STE 200</b>	5a Street address (if different) (Don't enter a P.O. box.) <b>34 E Employer Lane</b>						
4b City, state, and ZIP code (if foreign, see instructions) <b>MESA, AZ 85206-4704</b>	5b City, state, and ZIP code (if foreign, see instructions) <b>City, State 12345</b>						
6 County and state where principal business is located <b>County, State</b>							
7a Name of responsible party <b>Elaine E Employer</b>	7b SSN, ITIN, or EIN <b>123-45-6789</b>						
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
8b If 8a is "Yes," enter the number of LLC members ▶							
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
9a Type of entity (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmer's cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ <b>HCSR EMPLOYER</b> Group exemption Number (GEN) any ▶							
9b If a corporation, name the state or foreign country (if applicable) where incorporated							
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Working purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) ▶ <b>HCSR EMPLOYER</b> <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶							
11 Date business started or acquired (month, day, year). See instructions.							
12 Closing month of accounting year <b>DECEMBER</b>							
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td></td><td><b>0</b></td><td></td></tr></table>		Agricultural	Household	Other		<b>0</b>	
Agricultural	Household	Other					
	<b>0</b>						
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>							
15 First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶							
16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) ▶ <b>HCSR EMPLOYER</b>							
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HCSR EMPLOYER</b>							
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶							

Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>JARED ENDERS, SUNNY HUDSON</b>	Designee's telephone number (include area code) <b>(623) 792-6100</b>
	Address and ZIP code <b>5416 E BASELINE RD STE 200, MESA, AZ 85206-4704</b>	Designee's fax number (include area code) <b>(480) 371-2241</b>
Employer's Name Here	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. <b>Elaine E Employer</b>	Applicant's telephone number (include area code) <b>555-444-3333</b>
Employer Sign Here	Signature ▶ <i>Elaine E. Employer</i>	Applicant's fax number (include area code)
	Date ▶ <b>04/12/2023</b>	

Telephone  
number  
required

# OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. BOX 182404  
Columbus, Ohio 43218-2404  
(614) 466-2319  
<http://unemployment.ohio.gov>



FOR 0006

## EMPLOYER'S REPRESENTATIVE AUTHORIZATION

To immediately authorize a representative (third party administrator, accountant, payroll company, etc) to act on your behalf or to receive correspondence regarding your account immediately, please visit our website at <http://unemployment.ohio.gov> anytime of the day or night. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print using block capital letters in black ink. For example:

A B C D E F G H

### Section I - Employer and Representative Information

**NOTE:** To notify ODJFS that you have given power of attorney to another individual, please complete a Power of Attorney form (JFS 20107).

Employer  
print your  
name  
here.

Employer Name

Ima Employer

Employer Account Number

Plant Number (If none, please leave blank)

Employer  
write your  
phone  
number  
here.

Employer Phone Number

123-456-7890

Representative or Third Party Administrator Name

A C U M E N S O C I A L A G E N T I C

Representative or Third Party Administrator Number

Representative or Third Party Administrator Phone Number

866-862-6862

Representative Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

4542 E INVERNESS AVE

Representative Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

STE 210

City

MESA

State

ZIP

Country

AZ

85206

United States

Province - International addresses only

Postal Delivery Code - International addresses only

## Section II - Authorization for Representation or Dissolution of Representation



I hereby authorize the Ohio Department of Job and Family Services to allow the above named representative to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

**NOTE:** If correspondence should be sent on a regular basis to the Representative, please choose representative for question #1.b in Section III.



I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the above named representative. The Ohio Department of Job and Family Services should no longer allow the above named representative to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

## Section III - Service Function and Correspondence

1.a To what service function(s) does the authorization or dissolution selected in Section II apply?  
(Please check all that apply)



Tax Manage Account Demographics



Tax Manage Account Status



Tax Reporting and Payments



Tax Monetary Transactions



Tax Appeals and Waivers



Tax Audits

1.b For the service function(s) selected in question #1 a, where should the correspondence be sent on a regular basis?  
(Choose only one per service function)

☐ Employer

☒ Representative or Third Party Administrator

☐ Employer

☒ Representative or Third Party Administrator

☐ Employer

☒ Representative or Third Party Administrator

☐ Employer

☒ Representative or Third Party Administrator

☐ Employer

☒ Representative or Third Party Administrator

☐ Employer

☒ Representative or Third Party Administrator

## Section IV - Signature

I hereby acknowledge that by signing this document that I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative as indicated in Section III, including but not limited to:

1. Notification required by Section 4141.26
2. Injury caused by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature

**NOTE** Must be owner, partner, member or corporate officer

Title:

Employer  
sign your  
name  
here.

Olma Employer

Date:

05 / 01 / 2012

Enter  
the date  
here.





## Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

### 1. Taxpayer Information. Taxpayer must sign and date this form on line 6.

Taxpayer name <i>Ima Employer</i>	Employer identification number (EIN)
Address <i>1234 N. Address Way</i>	Social Security number <i>123-45-6789</i>
City, state and ZIP code <i>Columbus, OH 43525</i>	Daytime telephone number <i>(123) 456-7890</i>

### 2. Reporting Agent Information

Name <i>Acumen Fiscal Agent, LLC</i>	Employer identification number (EIN)
Address <i>4542 E. Inverness Ave. Suite 210</i>	Telephone number <i>(623) 792-6100</i>
City, state and ZIP code <i>Mesa, AZ 85206</i>	Fax number <i>(482) 371-2241</i>

### 3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of \_\_\_\_/\_\_\_\_/\_\_\_\_ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

### 4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

**You MUST attach a copy of any tax information authorization that you want to remain in effect.**

### 5. Acknowledgement of Responsibility

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made.

### 6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

**If this withholding tax information authorization and release is not signed, it will be returned.**

<i>Ima Employer</i> Print name	<i>Ima Employer</i> Signature
<i>Employer</i> Title	<i>9/8/14</i> Date

## **Vendor and Reimbursement Payment Request**

**Complete and submit this form to Acumen by fax, e-mail, or mail:**

**Fax Number: 1- 866-862-6862**

**E-mail Address:** payroll-oh@acumen2.net

**Mailing Address:** Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206

Veteran's Information	
Name of Veteran:	John Smith
ID#:	1234

Vendor or Reimbursement		
Is this a request for Reimbursement to a Veteran (check one box)	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No

Payee Information	
Make Payment To/Payee Name:	John Smith
Mail Check/Paystub To:	Either put Veterans address or if blank will go to address on file for Veteran
Payee Phone number:	(713) - 867-5309

Service Payment Information			
Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	BKG	Karen Hill BKG for 4/6/13	\$ 32.00
			<b>Total Check Amount \$</b>
			\$ 32.00

**REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.**

**By signing this form, I attest that services were delivered and received consistent with the budget. If this is the first payment to this vendor, please make sure a W-9 form has been completed by the vendor and submitted to Acumen.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
**Care Manager's Signature**

Date of Signature

---

Date

OH AAA7 Veterans  
November 2012

## Vendor and Reimbursement Payment Request

Complete and submit this form to Acumen by fax, e-mail, or mail:

Fax Number: 1- 866-862-6862

E-mail Address: payroll-oh@acumen2.net

Mailing Address: Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206

### **Veteran's Information**

Name of Veteran: John Smith

ID#: 1234

### **Vendor or Reimbursement**

Is this a request for Reimbursement to a Veteran (check one box) ☐ Yes ☒ No

### **Payee Information**

Make Payment To/Payee Name: LOWE'S Home Center

Mail Check/Paystub To: John Smith  
9876 S. Dawson's Creek  
Chilicothe, OH. 45601 OR LOWE'S Home Center  
Company's Address

Payee Phone number: (713) - 867-5309

### **Service Payment Information**

Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	RDE	LOWE'S -Purchasing supplies	\$ 54.86
9/4/13	RDF	LOWE'S - Purchasing supplies	\$ 29.51
9/4/13	RDF	LOWE'S- Purchasing new drill set	\$ 104.72
		Simple description	
The date of service should reflect the invoice or receipt. The date of service in this example being August, the funds used will also come from the August spending account.			
Total Check Amount \$			\$ 189.09

**REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.**

By signing this form, I attest that services were delivered and received consistent with the budget. If this is the first payment to this vendor, please make sure a W-9 form has been completed by the vendor and submitted to Acumen.

Your signature  
Care Manager's Signature

Date of Signature  
Date

OH AAA7 Veterans  
November 2012

## Employee Reimbursement Payment Request

**Complete and submit this form to Acumen by fax, e-mail, or mail:**

**Fax Number: 1- 866-862-6862**

**E-mail Address:** payroll-oh@acumen2.net

**Mailing Address:** Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206

Veteran's Information	
<b>Name of Veteran:</b> John Smith	<b>ID#:</b> 1234

Reimbursement	
<b>Name of Employee:</b> Karen Hill	<b>ID#:</b> 678912

Payee Information	
<b>Make Payment To/Employee Name:</b>	Karen Smith
<b>Mail Check/Paystub To:</b>	4561 Yellow Brick RD. Chilicothe, OH. 45601
<b>Employee Phone number:</b>	740 - 123 - 4567

Service Payment Information			
Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	BKG	Background Check on 5/24/13	\$35.00
			<b>Total Check Amount \$</b>
			\$35.00

**REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.**

**By signing this form, I attest that services were delivered and received consistent with the budget.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
**Care Manager's Signature**

Date of signature

---

**Date**

Employee's Signature

---

**Employee's Signature**

Date of signature

---

**Date**

## Ohio AAA7 Veteran Program Time Sheet (OH VETS)



D O E      J A N E

EMPLOYEE NAME (LAST NAME, FIRST NAME)

9	9	9	9	9	9
---	---	---	---	---	---

EMPLOYEE ID

D O E      J O H N

VETERAN NAME (LAST NAME, FIRST NAME)

9	9	9	9
---	---	---	---

VETERAN ID

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements, or documents, or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

Employee Signature

Date \_\_\_\_\_

Employer Signature

Date \_\_\_\_\_

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D O E      J A N I C E

EMPLOYEE NAME (LAST NAME, FIRST NAME)

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EMPLOYEE ID

D O E F R A N K

VETERAN NAME (LAST NAME, FIRST NAME)

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VETERAN ID

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements, or documents, or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

Janice Doe  
Employee Signature

Date \_\_\_\_\_

9-1-14

Frank Doe  
Employer Signature

Employer Signature

9-174

Date \_\_\_\_\_

[illegible]